

Group-Level Intervention Form

Vendor Name _____

Project Name _____

Project Code _____

Facilitator Name _____

☐ Check here if this group is being led or co-facilitated by a peer educator or key influencer

Session Date

Month	Day	Year					

Start
Time

				AM	
Hour	Minutes	PM			

End
Time

				AM	
Hour	Minutes	PM			

Session Type: (Check only one)

- ☐ Group-level Intervention with the Target Population
☐ Peer Educator/Key Influencer Training
☐ Service Provider Education
☐ Other (specify _____)

Number of Sessions: (Check only one)

- ☐ Single Session Intervention (meeting with the group one time only)
☐ Multi-Session Intervention (meeting with the same group more than once)

If multi-session, this is session number _____

Curriculum:

Which curriculum did you use for this session?

- ☐ SISTA ☐ BART ☐ SMART ☐ Extra Steps ☐ Other _____

Which session(s) or module(s) from the curriculum did you complete during this session?

Intervention Methods:

- ☐ Lecture
☐ Discussion
☐ Group Exercise/Game
☐ Individual Exercise
☐ Guest Speaker
☐ Role Play
☐ Skills Demonstration
☐ Skills Practice
☐ Video
☐ Other _____

Language of Session:

- ☐ English
☐ Spanish
☐ American Sign Language
☐ Other (specify _____)

Number of Participants _____

Number of Pre-Tests Completed _____

Number of Post-Tests Completed _____

Intervention Location:

Site Name _____

Street Address _____

City of Intervention _____

ZIP Code of Intervention _____

County of Intervention _____

(If Baltimore City, write Baltimore City)

REFERRALS: A referral is defined as a specific recommendation made one-on-one to an individual client to meet an expressed need.

Number of Referrals Made (Please list number):

<u>Health</u>	<u>Other</u>
_____ HIV Counseling & Testing	_____ Support Group (specify type _____)
_____ HIV Treatment	_____ Counseling - Group
_____ STD Screening/Treatment	_____ Counseling - Individual
_____ Drug/Alcohol Treatment	_____ Educational
_____ Needle Exchange	_____ Employment/Job Skills
_____ Mental Health Services	_____ Domestic Violence
_____ Reproductive Health Services	_____ Housing
_____ Individual-level HIV Prevention	_____ Legal
_____ Prevention Case Management	_____ Other (specify) _____

_____ **Number of participants who were tested for HIV at this session.**

MATERIALS:

Number of Materials Distributed (Please list number):

_____ Condoms	_____ Lubricants
_____ Female Condoms	_____ Safe Sex Kits
_____ Brochures	_____ Dental Dams

Other Intervention Feedback:
